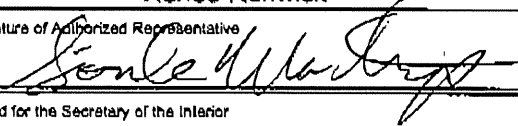


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

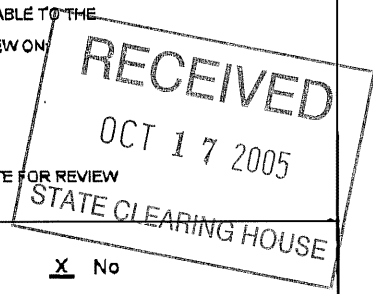
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED October 3, 2005		Applicant Identifier	
<input checked="" type="checkbox"/> <u>Application</u> <input type="checkbox"/> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-118-B	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
B. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Belmont Memorial Veterans' Pier Public Dock Improve. Project Narrative attached.		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/ /05	Ending Date 12/31/2007	a. Applicant 3		b. Project 38	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$172,500.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON Date: <u>Oct. 17, 2005</u>			
b. Applicant		b. NO, _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$57,500.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? _____ Yes If "Yes", attach an explanation <u>X</u> No			
d. Local					
e. Other					
f. Program Income					
g. TOTAL	\$230,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 10/7/05			
Approved for the Secretary of the Interior Signature		Title:		Date	

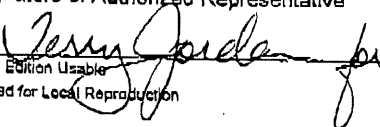
Previous Editions Not Usable

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

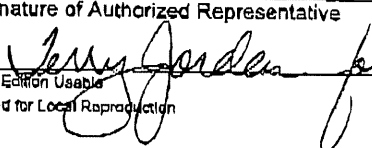
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFGs - 10/2005)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED October 6, 2005		Applicant Identifier	
<input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
				Federal Identifier	
F-113-B Amendment #4					
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
State of California			Fish and Game		
Organizational DUNS:			Department:		
808322358			Fisheries Programs Branch		
Address:			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
Street: 1812 Ninth Street			Prefix: First Name: Carolyn		
City: Sacramento			Middle Name:		
County: Sacramento			Last Name: Murata		
State: CA Zip Code: 95814			Suffix:		
Country: US			E-mail: cmurata@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		FAX Number (give area code)
94-1697567			(916) 445-3559		(916) 445-4044
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			A. State		
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:		
1 5 - 6 0 5			U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Lassen County			Amendment #4 to Motorboat Access Enhancement Project for Eagle Lake Fishing Access Improvements, Lassen County. Requesting an extension due to delays in construction. No changes to Total Grant Cost.		
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 5/12/2003 Ending Date: 12/31/2006			a. Applicant 3 b. Project 2		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	\$2,355,849.75	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Oct. 17, 2005		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	\$785,283.25			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	\$3,141,133.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?		
			<input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
		Renee			
Last Name		Suffix			
Renwick					
b. Title		c. Telephone Number (give area code)			
Deputy Director, Administration		(916) 653-4633			
d. Signature of Authorized Representative		e. Date Signed			
		10-13-05			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFG - 10/2005)

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> <u>Application</u> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 6, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier																						
F-112-B Amendment #3																										
5. APPLICANT INFORMATION																										
Legal Name: State of California			Organizational Unit:																							
Organizational DUNS: 808322358			Department: Fish and Game																							
Address:			Division: Fisheries Programs Branch																							
Street: 1812 Ninth Street			Name and telephone number of the person to be contacted on matters involving this application (give area code)																							
City: Sacramento			Prefix: First Name: Carolyn																							
County: Sacramento			Middle Name:																							
State: CA Zip Code: 95814			Last Name: Murata																							
Country: US			Suffix:																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			E-mail: cmurata@dfg.ca.gov																							
			Phone Number (give area code) (916) 445-3559		FAX Number (give area code) (916) 445-4044																					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 6 0 5			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service																							
TITLE (Name of Program): Sport Fish Restoration Act			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #3 to Motorboat Access Enhancement Project for Shaver Lake Boat Launching Facility, Fresno County. Requesting an extension due to delays in construction. No changes to Total Grant Cost.																							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Fresno County			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 19																							
13. PROPOSED PROJECT: Start Date: 4/10/2003 Ending Date: 12/31/2006			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: OCT. 17, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:80%;">\$707,232.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>\$235,744.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$942,976.00</td> </tr> </table>			a. Federal	\$	\$707,232.00	b. Applicant	\$		c. State	\$	\$235,744.00	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	\$942,976.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	\$707,232.00																								
b. Applicant	\$																									
c. State	\$	\$235,744.00																								
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	\$942,976.00																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative																										
Prefix		First Name		Middle Name																						
		Renee																								
Last Name		Suffix																								
Renwick																										
b. Title		c. Telephone Number (give area code)																								
Deputy Director, Administration		(916) 653-4633																								
d. Signature of Authorized Representative		e. Date Signed																								
		10-13-05																								

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFG - 10/2005)

2. DATE SUBMITTED October 6, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
F-108-B Amendment #4	

1. TYPE OF SUBMISSION:

<input type="checkbox"/> Application	<input type="checkbox"/> Pre-application
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Fish and Game
Address: Street: 1812 Ninth Street	Division: Fisheries Programs Branch
City: Sacramento	Name and telephone number of the person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: First Name: Carolyn
State: CA	Middle Name:
Zip Code: 95814	Last Name: Murata
Country: US	Suffix:
	E-mail: cmurata@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567	Phone Number (give area code) (916) 445-3559	FAX Number (give area code) (916) 445-4044
-------------------	--	--

8. TYPE OF APPLICATION:

<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuation	<input type="checkbox"/> Revision
------------------------------	--	-----------------------------------

If Revision, enter appropriate letter(s) in box(es):

(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	5	-	6	0	5
----------	----------	----------	----------	----------	----------

TITLE (Name of Program): **Sport Fish Restoration Act**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Sacramento County

13. PROPOSED PROJECT:

Start Date: 3/15/2002	Ending Date: 12/31/2006
---------------------------------	-----------------------------------

15. ESTIMATED FUNDING:

a. Federal	\$	\$494,534.25
b. Applicant	OC	\$ 17 2005
c. State	\$	\$164,844.75
d. Local	STATE CLEARING HOUSE	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	\$659,379.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3	b. Project 3
--------------------------	------------------------

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: OCT. 17, 2005
b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

<input type="checkbox"/> Yes. If "Yes" attach an explanation.	<input checked="" type="checkbox"/> No
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

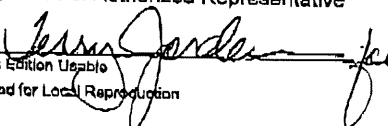
a. Authorized Representative

Prefix	First Name Renee	Middle Name
Last Name Renwick	Suffix	
b. Title Deputy Director, Administration	c. Telephone Number (give area code) (916) 653-4633	
d. Signature of Authorized Representative <i>Jerry Jordan</i>	e. Date Signed 10-13-05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFG - 10/2005)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED October 6, 2005		Applicant Identifier	
<input checked="" type="checkbox"/> Application <input type="checkbox"/> Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
F-104-B Amendment #5					
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
State of California			Fish and Game		
Organizational DUNS:			Department:		
808322358			Fisheries Programs Branch		
Address:			Division:		
Street: 1812 Ninth Street			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: First Name: Carolyn		
County: Sacramento			Middle Name:		
State: CA			Last Name: Murata		
Country: US			Suffix:		
Zip Code: 95814			E-mail: cmurata@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		
94-1697567			(916) 445-3559		
			FAX Number (give area code)		
			(916) 445-4044		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			A. State		
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:		
1 5 - 6 0 5			U.S. Department of Interior, Fish and Wildlife Service		
TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Sport Fish Restoration Act			Amendment #5 to Motorboat Access Enhancement Project for Turtle Bay Boat Ramp. Requesting an extension due to delays in construction. Permitting complications. No changes to Total Grant Cost.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			14. CONGRESSIONAL DISTRICTS OF:		
Shasta County			a. Applicant		
13. PROPOSED PROJECT:			b. Project		
Start Date:			3		
12/14/2000			2		
Ending Date:					
12/31/2006					
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	\$209,085.00	a. Yes. <input checked="" type="checkbox"/>		
b. Applicant	\$		THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State	\$	\$69,695.00	DATE: Oct. 17, 2005		
d. Local	\$		b. No. <input type="checkbox"/>		
e. Other	\$		PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$				
g. TOTAL	\$	\$278,780.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?		
			<input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
		Renee			
Last Name		Suffix			
Renwick					
b. Title		c. Telephone Number (give area code)			
Deputy Director, Administration		(916) 653-4633			
d. Signature of Authorized Representative		e. Date Signed			
		10-12-05			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFG - 10/2005)

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> <u>Application</u> <input type="checkbox"/> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 6, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier																						
F-97-B Amendment #5																										
5. APPLICANT INFORMATION																										
Legal Name: State of California			Organizational Unit:																							
Organizational DUNS: 808322358			Department: Fish and Game																							
Address:			Division: Fisheries Programs Branch																							
Street: 1812 Ninth Street			Name and telephone number of the person to be contacted on matters involving this application (give area code)																							
City: Sacramento			Prefix: First Name: Carolyn																							
County: Sacramento			Middle Name:																							
State: CA Zip Code: 95814			Last Name: Murata																							
Country: US			Suffix:																							
E-mail: cmurata@dfg.ca.gov																										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Phone Number (give area code) (916) 445-3559 FAX Number (give area code) (916) 445-4044																							
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 6 0 5			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service																							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Luis Obispo			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #5 to Motorboat Access Enhancement Project for Lake Nacimiento South Shore Public Access. Requesting an extension due to septic and legal problems causing delays. No changes to Total Grant Cost.																							
13. PROPOSED PROJECT: Start Date: 10/01/01 Ending Date: 12/31/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 22																							
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>\$1,765,362.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>\$588,454.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$2,353,816.00</td> </tr> </table>			a. Federal	\$	\$1,765,362.00	b. Applicant	\$		c. State	\$	\$588,454.00	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	\$2,353,816.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Oct. 17, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	\$1,765,362.00																								
b. Applicant	\$																									
c. State	\$	\$588,454.00																								
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	\$2,353,816.00																								
17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
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a. Authorized Representative																										
Prefix		First Name Renee		Middle Name																						
Last Name Renwick		Suffix		c. Telephone Number (give area code) (916) 653-4633																						
7. Title Deputy Director, Administration		e. Date Signed 10-13-05																								
f. Signature of Authorized Representative																										

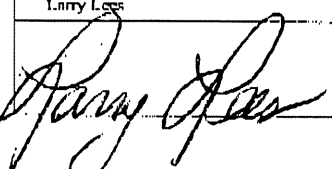
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/29/2005	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

RECEIVED
 OCT 17 2005
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION		Organizational Unit:
* Legal Name: California State University, East Bay Foundation, Inc.		Department: _____
* Organizational DUNS: 194044335		Division: _____
Address: * Street1: 25976 Carlos Bee Boulevard Street2: _____ * City: Hayward County Alameda * State: CA * Zip Code: 94542 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. * First Name: James Middle Name: J. * Last Name: Kelly Suffix: _____ * Email: james.kelly@csueastbay.edu * Phone Number (give area code) 510-885-3711 Fax Number (give area code) 510-885-2295
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1524922		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		7. * TYPE OF APPLICANT: Other (Specify) Other (specify) 501(c)3 auxiliary organization for IHE
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 59.037 TITLE: Small Business Development Center		9. * NAME OF FEDERAL AGENCY: Small Business Administration
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SBDC Lead Center for San Francisco Region
13. * PROPOSED PROJECT: * Start Date 01/01/2006 * Ending Date 12/31/2006		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 13 * b. Project All Northern CA districts
15. * ESTIMATED FUNDING: * a. Federal \$ 2,109,021.00 * b. Applicant \$ 875,772.00 * c. State \$ 843,300.00 * d. Local \$ 0.00 * e. Other \$ 1,585,905.00 * f. Program Income \$ 134,946.00 g. TOTAL \$ 5,348,944.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 09/28/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Dr. * First Name: James Middle Name: J. * Last Name: Kelly Suffix: _____ * b. Title: Interim Provost and V.P., Academic Affairs * c. Telephone Number (give area code): 510-885-3711 * Email: james.kelly@csueastbay.edu Fax Number (give area code): 510-885-2295		
d. Signature of Authorized Representative:		e. Date Signed: 9-29-05

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/18/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06SR056581	4. DATE RECEIVED: 10/18/05	GRANT NUMBER: 04SRPCA006
5. APPLICATION INFORMATION		
LEGAL NAME: Shasta County Community Action Agency DUNS NUMBER: 103497280 ADDRESS (give street address, city, state and zip code): 1670 Market St., Suite 300 Redding CA 96001 - 1046	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Jessica A. Cunningham TELEPHONE NUMBER: (530) 225-5804 FAX NUMBER: (520) 225-5178 INTERNET E-MAIL ADDRESS: jcunningham@cc.shasta.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000535	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Community Action Agency/Community Action Program	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta/Tehama Co's RSVP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): California Counties of Tehama, Shasta		
13. PROPOSED PROJECT: START DATE: 01/01/04 END DATE: 12/31/06	14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL \$ 133,618.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-OCT-05	
b. APPLICANT \$ 57,265.00		
c. STATE \$ 3,000.00		
d. LOCAL \$ 34,296.00		
e. OTHER \$ 19,969.00		
f. PROGRAM INCOME \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 190,883.00	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Larry Legg	b. TITLE: Housing/Community Action Progs. Director	c. TELEPHONE NUMBER: 5302255182
		d. DATE: 10/18/05

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

5. APPLICANT INFORMATION Legal Name: California Urban Water Conservation Council Organizational DUNS: 944524552 Address: Street: 455 Capitol Mall, Suite 703 City: Sacramento County: Sacramento State: CA Zip Code: 95814 Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Katie Middle Name: Last Name: Shulte Joung Suffix: Email: katie@cuwcc.org Phone Number (give area code): Fax Number (give area code): (916) 552-5885 ext. 15 (916) 552-5877
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 - 0 3 1 8 0 6 9 </div>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O - Not for Profit Organization <input type="radio"/> Other (specify)
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 - 4 6 3 </div> TITLE (Name of Program): Water Quality Cooperative Agreement 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All U.S.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Model and Method for Estimating Wastewater Avoided Costs
--	--

13. PROPOSED PROJECT Start Date: 11/1/05 Ending Date: 10/31/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project All U.S.
---	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">145,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">30,261</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">10,080</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">185,341</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	145,000	.00	b. Applicant	\$	30,261	.00	c. State	\$	0	.00	d. Local	\$	10,080	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	185,341	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	145,000	.00																										
b. Applicant	\$	30,261	.00																										
c. State	\$	0	.00																										
d. Local	\$	10,080	.00																										
e. Other	\$	0	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	185,341	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: First Name: Mary Ann Middle Name: Last Name: Dickinson Suffix: b. Title: Executive Director c. Telephone Number (give area code): (916) 552-5885 d. Signature of Authorized Representative: e. Date Signed: 10/19/05
--	---

APPLICATION FOR
FEDERAL ASSISTANCE

Version: 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 10/20/2005	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646			Division: AIRPORTS		
Address: Street: 1860 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix:		
Country: USA			Email: PETER.DRINKWATER@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code): (619) 956-4839 Fax Number (give area code): (619) 956-4801		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.): FALLBROOK, SAN DIEGO, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RAMONA AIRPORT - CONSTRUCT AIR TRAFFIC CONTROL TOWER / TRANSIENT RAMP ACCESS ROAD		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING: a. Federal \$ 47,000 b. Applicant \$ 1,250 c. State \$ 2,750 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/20/05 (Faxed to (619) 323.3018) + mailed b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: First Name: PETER Last Name: DRINKWATER b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4839 d. Signature of Authorized Representative: <i>Peter Drinkwater</i> e. Date Signed: 10/20/05			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE OF SUBMISSION 6/22/05	Applicant Identifier 7CA54447
Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier 7CA54447
<input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION		Organizational Unit: Fire Protection	
Address (give City, County, State & Zip Code): 1416 Ninth Street PO Box 944246 Sacramento, Sacramento County California 94244-2460		Name and telephone number of person to be contacted on matters involving this application (give area code) Sawssan Abdelhak Kevin Lockwood (916) 653-6179 (916) 653-5371	
6. Employee Identification Number (EIN): 69 0306069		7. TYPE OF APPLICANT: (enter appropriate letter) A	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(s): <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increased Duration D. Decreased Duration Other (Specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Districts I. State Controlled Institute of Higher Learning J. Private University K. Indian Tribes L. Individual M. Profit Organization N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Cooperative Fire Protection 10-664		9. NAME OF FEDERAL AGENCY: U.S. FOREST SERVICE, DEPARTMENT OF AGRICULTURE	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Consolidated payments grant for rural fire prevention and control as well as volunteer fire assistance.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 01-07-2005	Ending Date 12-31-2006	a. Applicant 3	b. Project Statewide
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1372 PROCESSING?	
a. Federal	\$2,069,000	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE	
b. Applicant	\$1,100,000	EXECUTIVE ORDER 12373 PROCESS FOR REVIEW ON:	
c. State	<2,069,000>	DATE: 06-22-05	
d. Local	\$969,000	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
e. Other	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ -0-	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 4,068,000	<input type="checkbox"/> YES If "Yes" attach an explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative James M. Wright		b. Title: DEPUTY DIRECTOR FOR FIRE PROTECTION	c. Telephone Number (916) 653-9424
d. Signature of Authorized Representative 		e. Date Signed 6/23/05	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

06SR057128

4. DATE RECEIVED:

GRANT NUMBER:

04SRPCA005

5. APPLICATION INFORMATION

LEGAL NAME: City of Burbank Parks And Recreation

DUNS NUMBER: 020318536

ADDRESS (give street address, city, state and zip code):

1301 E Olive Ave
Burbank CA 91510NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Dee Call

TELEPHONE NUMBER: (818) 238-5370

FAX NUMBER: (818) 238-5388

INTERNET E-MAIL ADDRESS: dcall@ci.burbank.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000683

8. TYPE OF APPLICATION:

☐ NEW☒ CONTINUATION☐ REVISIONIf Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award

B. Decrease Award

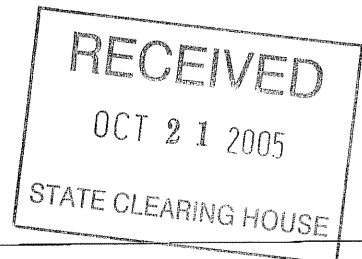
C. Increase Duration

D. Decrease Duration

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal



9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

City of Burbank RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Burbank, Glendale and
North Hollywood, California

13. PROPOSED PROJECT: START DATE: 01/01/04 END DATE: 12/31/06

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 52,428.00
b. APPLICANT	\$ 67,532.00
c. STATE	\$ 0.00
d. LOCAL	\$ 67,532.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 119,960.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?
☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 21-OCT-05

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Dee Call

b. TITLE:

RSVP Director

c. TELEPHONE NUMBER:

818 238 5370

d. DATE:

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/22/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SP056852	4. DATE RECEIVED: 10/22/05	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Assistance League of Southern California DUNS NUMBER: 140737509		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Bettye J. Mitchell TELEPHONE NUMBER: 323-460-2935 FAX NUMBER: 323-460-6877 INTERNET E-MAIL ADDRESS: bjp@ivola.net														
ADDRESS (give street address, city, state and zip code): 8114 Van Noy Blvd. #200 Pomona City CA 91762-481X																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951641960		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED OCT 24 2005 STATE CLEARING HOUSE </div>														
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.011 10b. TITLE: Foster Grandparent Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Foster Grandparent Program														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Los Angeles City and County, California. Cities and areas include: the Arwater Glendale area, Lincoln Heights, City of Commerce, El Monte, South Gate, South Central LA and Wat																
13. PROPOSED PROJECT: START DATE: 01/01/06 END DATE: 12/31/08		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td style="text-align: right;">\$ 384,286.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 54,461.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 1,000.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 53,461.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 438,747.00</td> </tr> </table>		a. FEDERAL	\$ 384,286.00	b. APPLICANT	\$ 54,461.00	c. STATE	\$ 0.00	d. LOCAL	\$ 1,000.00	e. OTHER	\$ 53,461.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 438,747.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 22-OCT-05
a. FEDERAL	\$ 384,286.00															
b. APPLICANT	\$ 54,461.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 1,000.00															
e. OTHER	\$ 53,461.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 438,747.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jim P. Leahy Jr.	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 818-908-5068														
		d. DATE: 10/22/05														

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/20/2005		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9561646			Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: LOU Middle Name: Last Name: BARNES Suffix:		
Country: USA			Email: Lourdes.Barnes@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code) (619) 956-4835		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - REHABILITATE TERMINAL ACCESS ROAD AND TERMINAL AREA PLAN.		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,140,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/24/05		
b. Applicant \$ 10,000			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 1,200,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name L.	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4838	
d. Signature of Authorized Representative				e. Date Signed 10/20/05	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

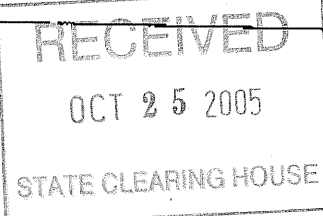
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/20/2005		Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581846			Division: AIRPORTS		
Address: Street: 1980 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: LOU Middle Name: Last Name: BARNES Suffix: Email: Lourdes.Barnes@sdcounty.ca.gov Phone Number (give area code) (619) 956-4835 Fax Number (give area code) (619) 956-4801		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 10-108			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - REHABILITATE TERMINAL ACCESS ROAD AND TERMINAL AREA PLAN.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/24/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 1,140,000					
b. Applicant \$ 10,000					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 1,240,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name L.	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4839	
d. Signature of Authorized Representative				e. Date Signed 10/20/05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/24/2005		Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
6. APPLICANT INFORMATION Legal Name:		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
COUNTY OF SAN DIEGO		Organizational Unit:			
Organizational DUNS: 00-9581646		Department:		PUBLIC WORKS	
Address:		Division:		AIRPORTS	
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
1960 JOE CROSSON DR.		Prefix:		First Name: PETER	
City: EL CAJON		Middle Name			
County: SAN DIEGO		Last Name		DRINKWATER	
State: CA		Suffix:			
Zip Code: 92020		Email:		Peter.Drinkwater@adcounty.ca.gov	
Country: USA		Phone Number (give area code)		Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		(619) 956-4839		(619) 956-4801	
9. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		8. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALLBROOK, SAN DIEGO, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FALLBROOK COMMUNITY AIRPARK - CONSTRUCT TERMINAL BUILDING.			
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 48			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 237,500		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/25/05/05 (FAX & MAIL)			
b. Applicant \$ 625		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$ 1,875		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$					
g. TOTAL \$ 250,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
		PETER		L	
Last Name		DRINKWATER		Suffix	
b. Title		DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code)	
d. Signature of Authorized Representative				(619) 956-4839	
				e. Date Signed	
				10/24/05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/27/05	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Peter B. Moyle		Organizational Unit: Department: Wildlife, Fish, & Conservation Biology		
Organizational DUNS: 04-712-0084		Division: College of Agricultural and Environmental Sciences		
Address: Street: Wildlife, Fish, and Conservation Biology Department, UC Davis One Shields Ave		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Davis		Prefix: Dr.	First Name: Peter	
Country: Yolo		Middle Name: B.		
State: CA		Last Name: Moyle		
Zip Code: 95616		Suffix:		
Country: USA		Email: bbmoyle@ucdavis.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6038494		Phone Number (give area code) 530-752-6355		Fax Number (give area code) 530-752-4154
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 1. State Controlled Institution of Higher Learning Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 2005-STAR		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency ORD NCER		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte County and Tehama County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Preventing loss of ecosystem services provided by Chinook salmon in California: Management options to overcome the effects of climate change.		
13. PROPOSED PROJECT Start Date: 03/01/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 1		
Ending Date: 02/28/09		b. Project California 2		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE: 10/25/05		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	707,928		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Alyssa		Middle Name A	
Last Name Bunn			Suffix	
b. Title Contracts and Grants Analyst		c. Telephone Number (give area code) 530-752-2076		
d. Signature of Authorized Representative		e. Date Signed 10-25-05		

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/25/05		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: County of Sonoma		Organizational Unit: Department: Permit and Resource Management		State Application Identifier	
Organizational DUNS: 603747390		Division: Engineering		R-9 Tracking #05-359	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 2550 Ventura Ave.		Prefix: Mr.		First Name: Thendore	
City: Santa Rosa		Middle Name: Joseph			
County: Sonoma		Last Name: Walker			
State: California		Suffix:			
Zip Code: 95403		Email: Twalker@sonoma-county.org			
Country: United States		Phone Number (give area code) (707) 565-8356		Fax Number (give area code) (707) 565-1103	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000539		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Monte Rio Community Wastewater Project			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Monte Rio, Sonoma County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Sixth b. Project Sixth			
13. PROPOSED PROJECT Start Date: 09/15/05 Ending Date: 03/30/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/25/05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal	\$192,400				
b. Applicant	\$ 64,600				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$257,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix	First Name Pete	Middle Name			
Last Name Parkinson			Suffix		
b. Title Director			c. Telephone Number (give area code) (707) 565-1925		
d. Signature of Authorized Representative			e. Date Signed Oct. 27, 2005		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 17, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-08-UC-08-0005

5. APPLICANT INFORMATION	
Legal Name: County of Sacramento	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 138400209	Division:
Address: Street: 630 I Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: V6. First Name: Jan
City: Sacramento	Middle Name:
County: Sacramento	Last Name: Galloway
State: California	Suffix:
Zip Code: 95614	Email:
Country: USA	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000758	Phone Number (give area code) (916) 875-3801	Fax Number (give area code)
--	---	-----------------------------

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231	9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
---	---

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2008 Emergency Shelter Grant

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 4th, 5th, and 11th b. Project: 3rd, 4th, 5th, and 11th
---	---

13. PROPOSED PROJECT Start Date: January 1, 2008 Ending Date: December 31, 2008	15. ESTIMATED FUNDING:
---	------------------------

a. Federal \$ 286,708	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 27, 2005
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,244,286	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 2,887,070	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ 18,885,348	
f. Program Income \$	
g. TOTAL \$ 24,113,010	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix: M. First Name: Wanda Middle Name: Suffix:	
Last Name: Wagstaff	
b. Title: Director Department of Human Assistance	
c. Telephone Number (give area code): (916) 875-3801	
d. Signature of Authorized Representative: [Signature] e. Date Signed: 10/26/05	
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 17, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pro-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-06-MC-06-0003	

3. APPLICANT INFORMATION	
Legal Name: City of Sacramento	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 130400514	Division:
Address: Street: 630 I Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mo. First Name: Jan
City: Sacramento	Middle Name
County: Sacramento	Last Name Galloway
State: California	Suffix:
Zip Code 95614	Email:
Country: USA	

5. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238	Phone Number (give area code) (916) 875-8801	Fax Number (give area code)
6. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
8. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231 TITLE (Name of Program): Emergency Shelter Grant		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2006 Emergency Shelter Grant		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		
13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: December 31, 2006		
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 4th, 5th, and 11th b. Project: 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		
a. Federal	\$ 240,074	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 17, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 0	
c. State	\$ 1,244,286	
d. Local	\$ 2,007,670	
e. Other	\$ 18,731,081	
f. Program Income	\$ 0	
g. TOTAL	\$ 24,113,010	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Mr. First Name: Bruce Middle Name: Suffix: Last Name: Wegelaff b. Title: Director Department of Human Assistance c. Telephone Number (give area code): (916) 875-3801 d. Signature of Authorized Representative: [Signature] e. Date Signed: 10/26/05		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/24/2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code): (619) 956-4839 Fax Number (give area code): (619) 956-4801	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALLBROOK, SAN DIEGO, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FALLBROOK COMMUNITY AIRPARK - CONSTRUCTION TERMINAL BUILDING.	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 48	
15. ESTIMATED FUNDING: a. Federal \$ 237,500.00 b. Applicant \$ 625.00 c. State \$ 11,875.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 250,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/25/05/05 (FAX & MAIL) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix First Name: PETER Middle Name: L. Last Name: DRINKWATER Suffix:		c. Telephone Number (give area code): (619) 956-4839 e. Date Signed: 10/24/05	
b. Title: DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative: 